

required)

PTO/SB/01 (04-05)
Applied for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Not assigned

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

#### Attorney Docket WH-3 DECLARATION FOR UTILITY OR Number First Named Inventor DESIGN Eswaran Krishnan IYER PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) **Application Number** Not assigned Filing Date Declaration Declaration Not assigned Submitted OR Submitted after Initial Art Unit With Initial Filing (surcharge Not assigned Filing (37 CFR 1.16 (e))

**Examiner Name** 

		<u></u> -				<del>_</del> _			
I hereby declare that:									
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.									
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
ORAL COMPOSITIONS FOR TREATMENT OF DISEASES									
*									
the enecification of which		(Title of the I	nvention)			W-,			
the specification of which									
is attached hereto									
OR		. <u>-</u>	1						
was filed on (MM/DD/Y	YYY)	24 July 2003	as Unit	ed States Ap	plication I	Number or Po	CT International		
Application Number PCT/IB:	2003/002949	and was amended	on (MM/E	DAYYYY)			(if applicable).		
I hereby state that I have revie			of the abov	ا e identified s/	pecificati	on, including	the claims, as		
amended by any amendment s	specifically refe	rred to above.							
I acknowledge the duty to discontinuation-in-part application									
and the national or PCT international	ational filing da	te of the continuatio	n-in-part a	pplication.					
I hereby claim foreign priority inventor's or plant breeder's ri	benefits unde ahts certificate	r 35 U.S.C. 119(a)- (s). or 365(a) of anv	-(d) or (f), v PCT inte	or 365(b) of rnational app	f any fore dication w	eign applicati vhich designa	on(s) for patent, ated at least one		
country other than the United application for patent, inventor	States of Amer	ica, listed below and	d have als	o identified b	elow, by	checking the	box, any foreign		
before that of the application o			ite(s), or a	ny PCT inten	ialional a	ррисацоп на	ving a liling date		
Prior Foreign Application Number(s)	Country	Foreign Filing (MM/DD/YY)		Priori Not Clai		Certified C	opy Attached?		
		(mmsssr.)			]				
				Ī	j				
				Ē	ק		Ī		
					i		П		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.									

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/01 (04-05)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

					_					
correspondence to:	e address sociated with stomer Number:						OR	<b>7</b>	Correspondence address below	
Name			-					-		
Dr. O. M. (Sam) Zaghmout										
Address 8509 Kernon Ct										
City				State	-				ZIP	
Lorton				VA					22079	
Country		Telepho	ne	-			Ema	il	<u> </u>	
USA		703-550-1	968				BiolP	S@BioIF	PS.com	
I hereby declare that all statem and belief are believed to be statements and the like so mad false statements may jeopardize	true; and furth de are punishabl	ner that le by fine	these state or impriso	ement onmen	s we t, or	ere made both, unde	with ter 18 t	he kno	wledge that willful false	
NAME OF SOLE OR FIRST IN	VENTOR:		☐ A p	etition	has	been filed t	for this	unsiar	ned inventor	
Given Name (first and middle [if	f any])				Family Name or Surname					
Eswaran Krishnan					IYER					
Inventor's Signature								•	Date	
Residence: City	State			Coun	itry			Citizer	nship	
Mailing Address							<u></u>			
City	State		<u>.</u>	-	Zip				Country	
NAME OF SECOND INVENTO	R:				Α	petition ha	s bee	n filed f	or this unsigned inventor	
Given Name (first and middle [if	f any])				T	Family Na	me or	Surnan	ne	
Dilip Gopalkrishna					5	SAOJI				
Inventor's Signature									Date	
Residence: City	State			Cour	itry			Citizer	nship	
Mailing Address										
City	State				Zip			Count	ry	
Additional inventors or a legal rep	presentative are bein	g named or	n the s	uppleme	ental s	sheet(s) PTO/	SB/02A	or 021 R :	attached hereto.	
		<u></u>		PPIONIC						



PTO/SB/02A (09-04)

Append for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

#### ADDITIONAL INVENTOR(S) DECLARATION **Supplemental Sheet** Page 3 A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Given Name (first and middle (if any)) Family Name or Surname Rasendrakumar Jahantilal JHA Inventor's Signature Date Residence: City State Country Citizenship Mailing Address State City Zip Country Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle (if any)) Family Name or Surname Inventor's Signature Date Residence: City State Country Citizenship Mailing Address State Country Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle (if any)) Family Name or Surname Inventor's Signature Date Residence: City State Country Citizenship Mailing Address

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Zip

Country

State

PTO/SB/81 (04-05)
Applied for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

lays a valid OMB control number.
an IYER
SITIONS FOR TREATMENT

I hereby rev	voke all p	orevio	us powers of attorney giv	en in the ab	ove-id	entified applic	cation.		
I hereby ap	point:							·	
Practition	ness seen	ciated :	with the Customer Number:						
OR	JIICIS 23300	Cialcu	with the Customer Number.						
<b>✓</b> Practition	oner(s) nam	ned be	iow:						
		Name Registration Number							
Mr. Dou	uglas Robir	nson				5	1,278		
ļ	M. (Sam) Z		out	· .		<del></del>	1,286		
							<del></del>		
as my/our atto Trademark Off	rney(s) or a fice connec	agent(s	s) to prosecute the application in erewith.	dentified above	, and to	transact all busir	ness in the	United States Patent and	
Please recogn	ize or chan	nge the	correspondence address for th	ne above-identif	ied appl	ication to:			
			ed with the above-mentioned Cu						
OR	<b>uu</b> u, coo uo	ooolate	with the above-thendorled of	- Inditibe		V. <u></u>	7		
The	address as	ssociat	ed with Customer Number:						
OR		3300101	ed with Customer Number.						
1 4/	rm or dividual Na	ame	Bio Intellectual Property Service	es (Bio IPS) LL	.C			•	
Address	3		8509 Kernon Ct			<u></u>			
City			Lorton		State	VA		Zip 22079	
Country Telepho			703-550-1968		Email	In: albempia in	0		
I am the:	, i.e	i	703-330-1906		Cilian	BioIPS@BioIPs	5.com		
	cant/Invent	tor.							
Assig	nee of reco	ord of t	he entire interest. See 37 CFR :	3.71.					
State	ment unde	r 37 Ci	FR 3.73(b) is enclosed. (Form P	PTO/SB/96)					
			SIGNATURE of A	Applicant or As	ssignee	of Record			
Signature							Date		
Name		swarar	n Krishnan IYER				Telephone		
Title and Comp			<del></del>						
NOTE: Signature signature is requ	es of all the in ired, see bel	inventor low*.	s or assignees of record of the entire	e interest or their	represent	tative(s) are require	ed. Submit n	nultiple forms if more than one	
*Total of	f	1	forms are submitted.						

This collection is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (04-05)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

nation unless it displays a valid OMB control number.
Not assigned
Not assigned
Eswaran Krishnan IYER
ORAL COMPOSITIONS FOR TREATMENT
Not assigned
Not assigned
WH-3

I her	eby revoke al	l previo	ous powers of attorney gi	ven in the ab	ove-id	entified applica	ation.			
I her	eby appoint:	•				- Andrews			<u>-</u>	
	Depatition on one		with the Contemps North or							
		sociated	with the Customer Number:							
_ `	OR		•		-					
✓	Practitioner(s) n	amed be	elow:							
		Name Registration Number								
	Mr. Douglas Ro	binson				51	,278			
	Dr. O. M. (Sam)	) Zaghm	out			51	,286			
					· · · · · ·				-	
as my Trade	/our attorney(s) omark Office conn	or agent( nected th	s) to prosecute the application erewith.	identified above	, and to	transact all busin	ess in the	Unite	d States Patent and	d
Please	e recognize or ch	nange the	e correspondence address for t	he above-identil	fied appl	ication to:				
	The address	accociat	ed with the above-mentioned C	uetomer Numbe	· ·					
	OR	assuciai	ed with the above-mentioned C	astomer Number	<i>31</i> .		7			
	The address	:-	lad with Court and North and							
	OR	associa	ted with Customer Number:				J			
<b>✓</b>	Firm or Individual	Name	Bio Intellectual Property Servi	ces (Bio IPS) LL	-C					
	Address		8509 Kernon Ct							
	City		Lastan		State	h/a		7:0	100070	
	Country		Lorton		State	VA		Zip	22079	
	Telephone		703-550-1968		Email	BioIPS@BioIPS	.com			
l am	the:									
	Applicant/Inve	entor.								
			the entire interest. See 37 CFR FR 3.73(b) is enclosed. (Form							
			SIGNATURE of	Applicant or A	ssignee	of Record	,		t	-
Signa	ture						Date			
Name		Dilip Gopalkrishna SAOJI Telephone								
Title a	ind Company			<b></b>						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.										
	*Total of		forms are submitted.							

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

App. — d for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to

### POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	Not assigned
Filing Date	Not assigned
First Named Inventor	Eswaran Krishnan IYER
Title	ORAL COMPOSITIONS FOR TREATMENT
Art Unit	Not assigned
Examiner Name	Not assigned
Attorney Docket Number	WH-3

PTO/SB/81 (04-05)

I her	eby revoke all	previo	us powers of attorney giv	en in the abo	ove-ide	entified applica	ation.		
I her	eby appoint:	_		·			<u> </u>		
		ociated	with the Customer Number:						
(	OR .		_			··· , -···			
$\mathbf{A}$	Practitioner(s) na	ımed be	low:						
	Name Registration Number								
	Mr. Douglas Rob	oinson				51	,278		
	Dr. O. M. (Sam)	Zaghmo	out			51	,286		
	(aux attarnay (a) a		s) to prosecute the application is	dostified above	and to	transact all busin	nee in the	United States Patent and	
	mark Office conne			dentined above,	and to	Iransact an busin		Officed States Faterit and	
Pleas	e recognize or cha	ange the	e correspondence address for the	ne above-identif	ied appli	ication to:			
	The address a	associate	ed with the above-mentioned C	ustomer Numbe	r:				
	OR						]		
	The address	associat	ed with Customer Number:						
<b>√</b>	Firm or Individual N	Name	Bio Intellectual Property Service	ces (Bio IPS) LL	.c				
	Address		8509 Kernon Ct						
	City		Lorton		State	VA		Zip 22079	
	Country		USA			•		· · · · · · · · · · · · · · · · · · ·	
	Telephone		703-550-1968		Email	BioIPS@BioIPS	S.com		
l am	I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.								
	Statement und	der 37 C	FR 3.73(b) is enclosed. (Form		oianos	of Booord			
Ciana	turo		SIGNATURE of	Applicant or A	ssignee	or Record	Data		
Signa		Raseno	Irakumar Jahantilal JHA				Date Telephone		
	and Company	reaserie	arakunai Jananulai Ji A				rerepriorie	<u> </u>	
NOTE	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
	*Total of		forms are submitted.						

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.